DEPARTMENT OF HEALTH AND HUMAN SERVICES		FORM APPROVED OMB NO. 0938-0193
HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER:	2. STATE:
TRANSMITTAL AND NOTICE OF APPROVAL OF	ł	Pennsylvania
STATE PLAN MATERIAL	3. PROGRAM IDENTIFICATION: T	
FOR: HEALTH CARE FINANCING ADMINISTRATION	SECURITY ACT (MEDICAID)	itle XIX
		TETE YIY
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	October 1, 2001	
5. TYPE OF PLAN MATERIAL (Check One):		
□ NEW STATE PLAN □ AMENDMENT TO BE CO	ONSIDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	ENDMENT (Separate Transmittal for each a	amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	0
Section 1905(a)(27) of the Social Security Ac	α. 111 Ψ	0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPER OR ATTACHMENT (If Applicable)	
Attachment 3.1A, Pages 9, 9a and 9b	4	0 0 0 111
Attachment 3.1B, Pages 7a, 8, 8a and 8b	Attachment 3.1A, Pages Attachment 3.1B, Pages	
10. SUBJECT OF AMENDMENT:		
10. SUBJECT OF AMENDMENT: Coverage of religious nonmedical health care		
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ATTACHMENT 3.1-A

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OMB No:

0938

State/Territory: Commonwealth of Pennsylvania

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a .	Transportation ☑ Provided: □ Not provided.		No limitations		With limitations*
b	Services provided in f ✓ Provided: ☐ Not provided.	Religious Non □	medical Health Car No limitations	re Institutions. ☑	With limitations*
C.	Reserved				
d.	Nursing facility service ✓ Provided: ✓ Not provided.	es for patients	s under 21 years of No limitations	fage. ☑	With limitations*
e.	Emergency hospital s ✓ Provided: ☐ Not provided.	ervices.	No limitations		With limitations*
f.	Personal care service and provided by a qu Provided: Not provided.	es in recipient alified person	's home, prescribed under supervision No limitations	d in accordance of a registered ☑	e with a plan of treatment nurse. With limitations*

Description provided on attachment

ATTACHMENT 3.1-A PAGE 9a

DESCRIPTIONS OF LIMITATIONS

SERVICE

LIMITATIONS

- Any other medical care and any other type of remedial care Recognized under State law, specified by the Secretary.
 - a. Transportation

<u>Limitations on payment</u> – The following limits apply to payment for compensable ambulance transportation:

- Transportation must be made to providers who are generally available and used by other members of the community.
- Transportation must be made to or from services which are covered under the Medical Assistance Program. A partial list of noncovered services is contained in the Provider Handbook.
- If more than one person is transported during the same trip, either to the same destination or a different destination, payment is made for transportation of the patient whose destination is the greatest distance. No additional payment is allowed for the additional person(s).
- Services provided in Religious Nonmedical Health Care Institutions.

<u>Limitations on payment</u> – This service is limited to individuals under 21 years of age for treatment of physical and mental problems identified during EPSDT screening and require prior authorization.

- c. Reserved
- d. Nursing facility services for patients under 21 years of age.

<u>Limitations on payment</u> – Limited to approved facilities.

All nursing facilities must be approved and certified for participation in the Medical Assistance Program by the Office of Medical Assistance Programs.

ATTACHMENT 3.1-A PAGE 9b

DESCRIPTIONS OF LIMITATIONS

SERVICE

LIMITATIONS

e. Emergency Hospital Services

<u>Limitations on payment</u> – The following limits apply to payment for compensable services:

Described in item 2.a. (2)

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse. Limitations on payment – This service is limited to individuals under 21 years of age for treatment of of physical and mental problems identified during EPSDT screening and require prior authorization.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE: COMMONWEALTH OF PENNSYLVANIA

ATTACHMENT 3.1-B PAGE 7a

DESCRIPTIONS OF LIMITATIONS

SERVICE LIMITATIONS

20. Management Targeted Case Services Services

Re	visio	n:	HCFA-PM-01-01-02	(BPBP)		ATTACHMENT	3.1-B
			June 2001			Page 8	
						OMB No:	0938
			State/Territory: Commo	nwealth	of Pennsylvania		
			AMOUNT, DUF	RATION,	AND SCOPE OF	F SERVICES P	ROVIDED MEDICALLY
			NEEDY GROU	P(S):			
				` '			
22.		Respira ☑ □	atory care services (in ac Provided: Not provided.	cordance	e with section 19 No limitations	02(e)(9)(A) thro ☑	ugh (C) of the Act.) With limitations*
23.			ner medical care and any Secretary.	other ty	pe of remedial ca	are recognized	under State law, specified
	a.	Transpe ☑ □	ortation. Provided Not provided.		No limitations	Ø	With limitations*
	b.	Service ☑	es provided in Religious I Provided: Not provided.	Nonmedi	cal Health Care I No limitations	Institutions. ☑	With limitations*
	C.	Reserv	ed				
	d.	Nursing ☑	g facility services for pation Provided Not provided.	ents unde	er 21 years of ag No limitations	ge. ☑	With limitations*
	e.	Emerge ☑	ency hospital services. Provided: Not provided.		No limitations	abla	With limitations*
	f.		al care services in recipion de by a qualified person u				th a plan of treatment and
			Provided: Not provided.		No limitations		With limitations*
•		Descrip	tion provided on attachn	nent			

TN No.01-014 Supersedes TN No.91-40 Approval Date AR 5 2002 Effective Date October 1, 2001

Approval Data (1945) ... (1)Effective Date October 1 2001

ATTACHMENT 3.1-B PAGE 8a

DESCRIPTIONS OF LIMITATIONS

	SERVICE	LIMITATIONS
22.	Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act.)	<u>Limitations on payment</u> – This service is limited to individuals under 21 years of age for treatment of physical or mental problems identified during EPSDT screenings and require prior authorization.
23.	Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary	
23.a.	Transportation	Limitations on payment — The following limits apply to payment for compensable ambulance transportation: 1. Transportation must be made to providers who are generally available and used by other members of the community. 2. Transportation must be made to or from services which are covered under the Medical Assistance Program. A partial list of noncovered services is contained in the Provider Handbook. 3. If more than one person is transported during the same trip, either to the same destination or a different destination, payment is made for transportation of the patient whose destination is the greatest distance. No additional payment is allowed for the additional person(s).
23.b.	Services provided in Religious Nonmedical Health Care Institutions	<u>Limitations on payment</u> – This service is limited to individuals under 21 years of age for treatment of physical and mental problems identified during EPSDT screenings and require prior authorization.
23.c.	Reserved	
23.d.	Nursing Facility Services for Patients Under 21 Years of Age Please refer to Attachment 4.19D For reimbursement	Limitation on payment – Limited to approved facilities. All hospital-based nursing units must meet requirements as follows: 1. The nursing unit must be composed of former acute care hospital beds that have been converted to and certified for skilled nursing or intermediate care.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE: COMMONWEALTH OF PENNSYLVANIA DESCRIPȚIONS OF LIMITATIONS

ATTACHMENT 3.1-B PAGE 8b

23.e. Emergency hospital services

<u>Limitations on payment</u> – The following limits apply to payment for compensable services:

Described in item 2.a.(2).

23.f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

<u>Limitations on payment</u> – This is limited to individuals under 21 years of age for treatment of physical or mental problems identified during EPSDT screenings and require prior authorization.